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**ICANotes**  
Behavioral Health EHR

**Demographics**

**Continue**

Anaphylactic Reaction Reported

**Patient Information**

\*Name (F,M,L,Suffix) Shanti Lazzell

Homeless Address 311 Cuprite

Bad Address Addr 2 / Appt # PO Box 325 County Grant

Sample Chart City, State, Zip Silver City NM 88062

Best Phone Home Phone Country US

Home Cell Phone (575)654-8890 ext

Work Work Phone

Cell Email shantilazzell@gmail.com

Email 2

Portal API

Appt Reminders via:  Email  Text Message  Phone Message

Employment Status Disabled

School or Employer

Grade

Marital Status divorced Birth Order

Sexual Orientation Bisexual Multiple Birth

\*Ethnicity Not Hispanic or Latino more

Ethnicity 2

Religion

Annual Household Income 0-24,999

Family Size 1

Veteran  Y  N

\*Race White

Race 2

\*Preferred Language English

Disability Mental Illness

Native American  Y  N Tribal Affiliation

Assigned Providers are allowed to sign Notes for this Patient Daniella Ramirez, CPSW Role Principal

Where Seen Prime SPIN Supporting Med Rec Add New Location

Red fields are required Blue fields are optional but add info to clinical note.  
 \* = Required for Meaningful Use ✓ = Patient Has Accessed Portal

Show Fields used by elec